

Is It Normal That I Feel *(Insert Emotion Here)?*

WORDS BY

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In my years as an OBGYN, I've found that no two women respond exactly the same way to any difficult situation or stressor. There is no right way to feel when faced with your own mortality. A breast cancer diagnosis disrupts your life plan, and can bring out hidden insecurities that may have always been under the surface, or can create new issues of identity and security. Self-esteem, body image and sexuality are interrelated and complicated issues for all women, so when you add the trauma of cancer, it is not surprising that one or more aspects of this would be affected. Whatever your reaction, it is normal. The most important thing is to be kind and patient with yourself.



Here are a few common concerns that I hear from my cancer survivor patients:

Having my breasts/uterus/ovaries removed took away what made me a woman, how am I supposed to feel feminine?

Even women who have not undergone surgery may experience a feeling of loss of femininity from weight gain, lymphoedema swelling, hair loss from chemotherapy, or any other menopause-related symptoms. How important femininity is to overall body image and self-esteem varies greatly, but can be a significant portion of an identity. Several studies have shown that different treatments (e.g. chemotherapy, lumpectomy, mastectomy) have slightly different effects on body image, both initially and over time. Unfortunately, almost all studies show treatment for breast cancer increases the risk of poor self-esteem and a negative self-perception. Negative impacts on body image can be mediated by factors such as good social support and relationships with a spouse and family. Culture also affects the way women think about and talk about their bodies. Being involved in a community of other survivors may help provide social support and a culture of acceptance.

My partner is not attracted to me anymore and/or does not want to have sex with me.

A study in 2017 evaluated the partners of cancer survivors, and showed that much of their attitudes were driven by the quality of their relationships and

their own self-esteem, along with how they perceived the cancer survivor's physical and emotional health. Many partners stated that they perceived their partner as uninterested or not healthy enough for sex, and therefore did not initiate. These perceptions of disinterest did not strongly correlate with the cancer survivor's self-reported desire for sexual activity. Many other studies of relationships also show the importance of communicating desires, as actions are often misinterpreted.

I'm single, how will I find someone who accepts and is attracted to me?

Studies in single breast cancer survivors show that fear of disclosing the cancer history, along with body image concerns are common when trying to date. The most important factors in developing a new relationship, although difficult to fully tease apart, seem to be a good body image and "worthiness of the new partner", which included acceptance of the woman's current physical appearance and emotional state, as well as her cancer history.

I don't have any libido or sex hurts.

Studies from around the world show that, regardless of sexual orientation, 50-80% of women have issues with sexual dysfunction after breast cancer, with a large study in 2016 showing the most common effects being problems with lubrication (52%), libido (48%), arousal (44%), difficulty with relaxation of vaginal muscles (41%) and orgasm (38%). Many of these issues are most common during and immediately after treatment, but several studies have shown that up to half of breast cancer survivors

report continued issues in the months and years after treatment is completed. The most common risks factors for sexual dysfunction were vaginal dryness/pain, depression and poor self-image.

I feel shallow for worrying about sex, shouldn't I just be happy to be alive?

In the past, cancer treatment only focused on "disease-free survival." Recently, however, the medical community is realizing that this is not the only measure that matters. Who cares about gaining another five years of survival if those years suck? Quality of life measures, which are often related to self-esteem and sexuality, have become increasingly important factors in deciding treatment and maintenance regimens.

Is there hope for me?

The answer is a definite YES! As more and more women are surviving cancer every year, the medical community is focusing research on quality of life measures, to help you live your best survivor life.

Don't give up on trying to improve your life. Here are my tips on where to start:

Bring up concerns to your gynecologist or primary care provider.

Whether you are walking around with "sandpaper vagina" or have pain during sex, you are not the first patient to bring up those concerns and, I guarantee you, your doctor has heard grosser, more embarrassing things.


Seeking out a specialist who focuses on sexual health in women after cancer may be helpful if your provider does not have the experience, or if previous treatment has not been effective enough. Many of these specialists, like me, do telemedicine consults if you do not live near an office.

Talk with a psychologist/therapist.

I believe all people can benefit from talking with a psychologist or therapist, but especially those who have gone through a trauma. Getting a diagnosis of cancer or learning of a genetic mutation that makes cancer an inevitability, is a trauma, and add the treatments and surgery, there is a lot to unpack. Working through it with a professional can help to develop healthy coping strategies that greatly improve your quality of life.

If you have a partner, consider bringing them to a session or two. Discussing sexual issues with a partner can be difficult, and a facilitator may be able to help you both express yourselves more clearly.

Masturbate!

The key is to find out how you can feel pleasure now. It is not about having an orgasm, it is about taking the time to explore your body and what feels good. Masturbation has been shown, in many studies, to decrease stress levels, improve self-esteem and body image, and decrease the likelihood of sexual dysfunction with a partner. Most importantly, you deserve to feel good and you should take the time to do it. Doctor's orders! 

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